

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17691

State File No. _____

Registrar's No. 67

FILED JUN 2 1943

Registration District No. 82

Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
911 MAIN STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 YEARS
years, months or days)

3. (a) PRINT FULL NAME CHRISTIAN JOHANN BRANDES

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced WIDOWED
6. (b) Name of husband or wife LEE LONG BRANDES 6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased JULY 6 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 19 hr. min.

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARMING

12. Name CHARLES BRANDES

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET SMITH
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS CLARA WARD

(b) Address NEW FRANKLIN, MISSOURI

17. (a) BURIAL (b) Date thereof MAY 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PISCATAH CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) MAY-26-43 (b) Dr Chas. Swap
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 913 MAIN STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25th
year 1943 hour 11:50 minute A M.

21. I hereby certify that I attended the deceased from June 1941 to MAY 25, 1943
that I last saw him alive on MAY 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart

Due to congestive heart failure 2 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95c4

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. C. Beckett M.D. (M.D. or other)
Address Boonville, Mo Date signed 5-26-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8;

District File Number _____

Date Filed 6-1-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.